CINDY CHESTER, OHST, CSHO

MISHAP DATA ANALYST

OBJECTIVES

- DOD 6055.7 Released. Changes – How they affect WESS
- Combat Zone Report
- WESS - ESAMS Interface
- OSHA Logs
- New WESS Releases
- New Consolidated/Ground WESS Module

DOD 6055.7 (6 Jun 11)

- Changes:
  - Military and Civilian required to report IAW 29 CFR 1904 (OSHA Recordkeeping Requirements)
    - Military and Civilian Logs Required
  - Required data elements for certain types of mishaps
    - DSES reporting (DOD database WESS will feed data to)
  - Sharing of medical data with safety
  - Can still offer privileged
  - Removed injury costs table
  - All services required to report mishaps involving members of other services against their mishaps

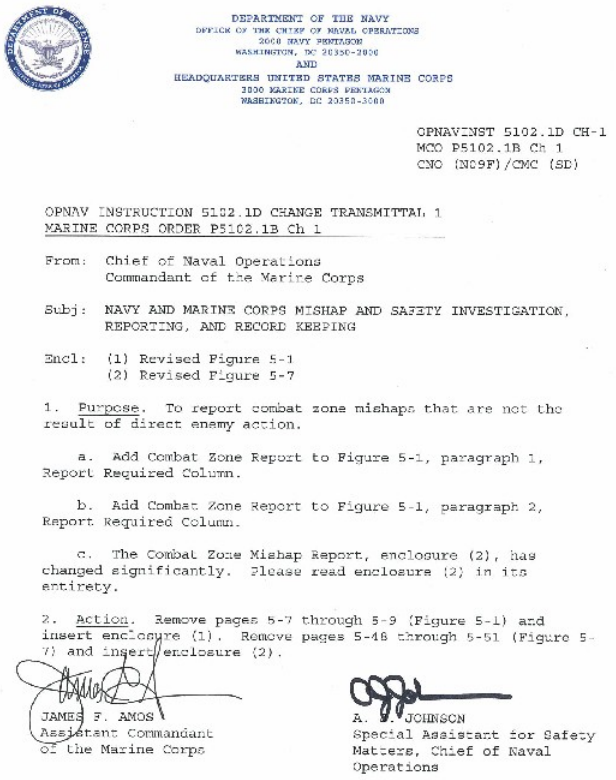
DOD 6055.7 Changes

- Class D Mishaps are Back (Limited Light Duty/Restricted Duty)
- Count Calendar Days not Days employee was suppose to work
- Property Damage threshold changes (Effective FY 2010)
  - Mishap Class A – from $1,000,000 – $2,000,000
  - Mishap Class B – from $200,000 – $500,000
  - Mishap Class C – from $20,000 - $50,000

WESS HAS ALREADY ADOPTED THESE CHANGES AS OF 1 OCT 09

COMBAT ZONE REPORT

- COMBAT ZONE REPORTING
  - Change 1 to P5102.1B
  - New Combat Zone Report – Figure 5-7
  - WESS Reprogrammed to accept Combat Zone Reports
  - We are entering them by hand



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, DC 20350-2000
AND
HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

OPNAVINST 5102.1D CH-1
MCO P5102.1B Ch 1
CNO (N09F)/CMC (SD)

OPNAV INSTRUCTION 5102.1D CHANGE TRANSMITTAL 1
MARINE CORPS ORDER P5102.1B Ch 1

From: Chief of Naval Operations
Commandant of the Marine Corps

Subj: NAVY AND MARINE CORPS MISHAP AND SAFETY INVESTIGATION, REPORTING, AND RECORD KEEPING

Encl: (1) Revised Figure 5-1
(2) Revised Figure 5-7

1. Purpose. To report combat zone mishaps that are not the result of direct enemy action.

a. Add Combat Zone Report to Figure 5-1, paragraph 1, Report Required Column.

b. Add Combat Zone Report to Figure 5-1, paragraph 2, Report Required Column.

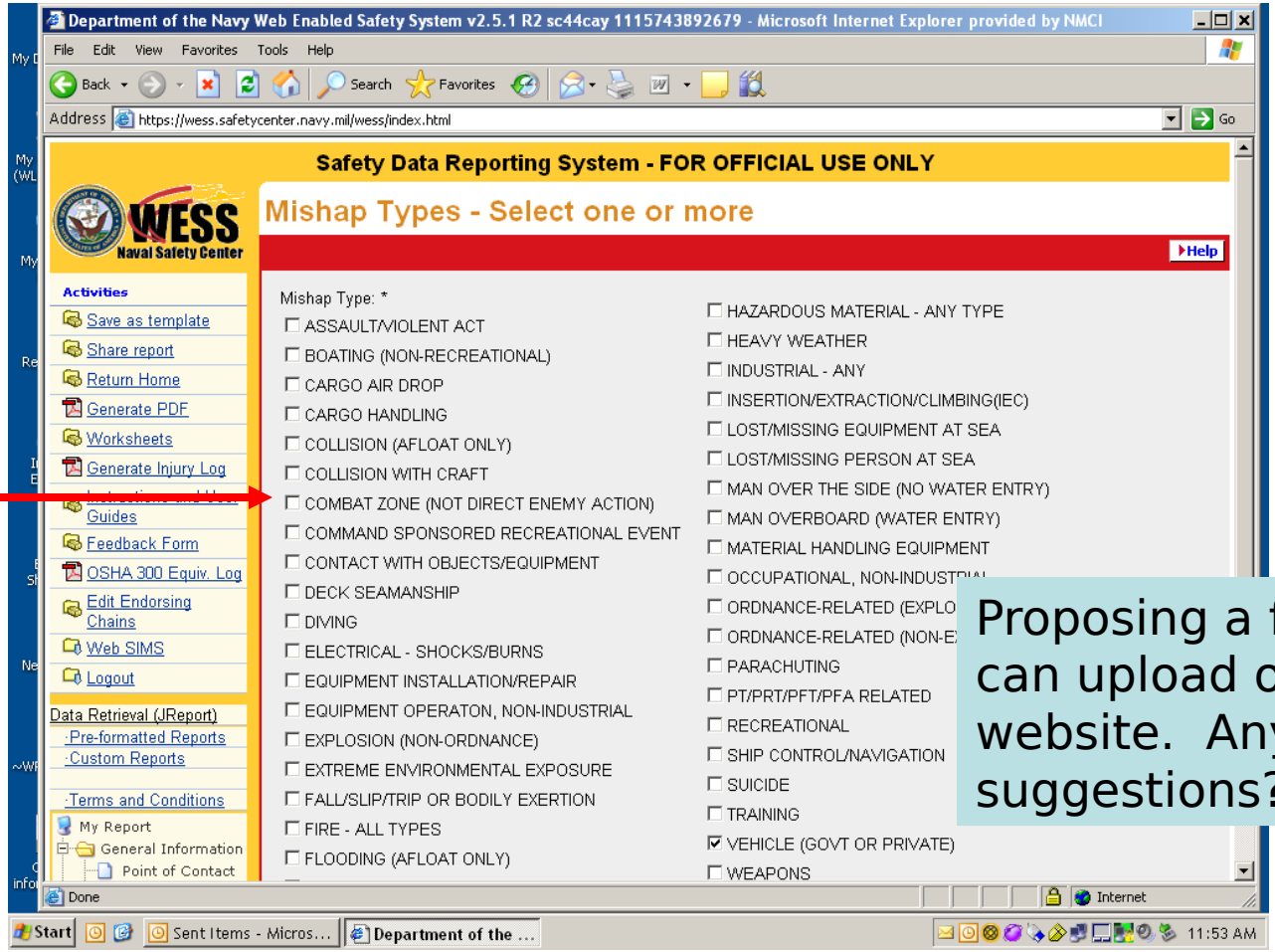
c. The Combat Zone Mishap Report, enclosure (2), has changed significantly. Please read enclosure (2) in its entirety.

2. Action. Remove pages 5-7 through 5-9 (Figure 5-1) and insert enclosure (1). Remove pages 5-48 through 5-51 (Figure 5-7) and insert enclosure (2).

JAMES F. AMOS
Assistant Commandant
of the Marine Corps

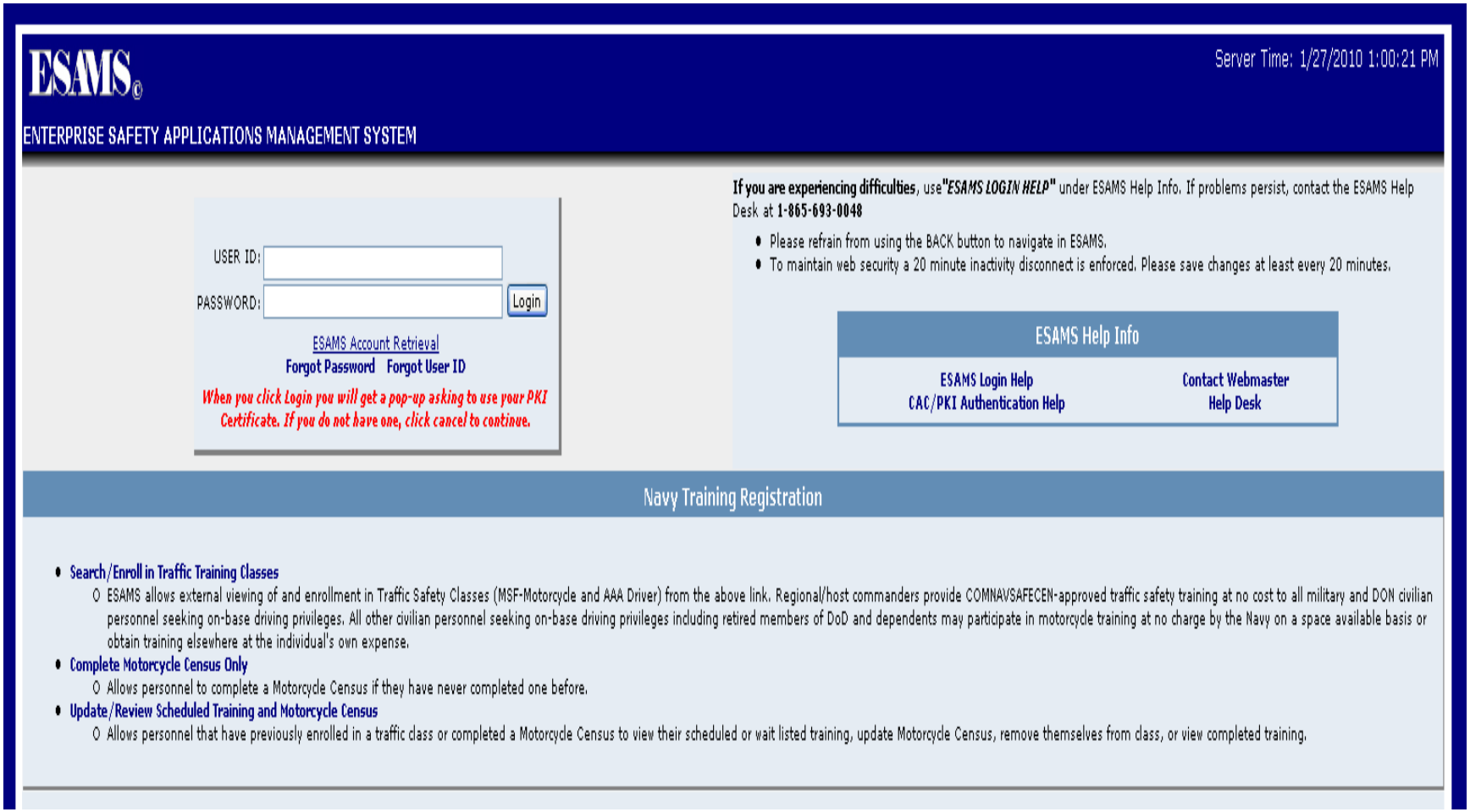
A. [illegible] JOHNSON
Special Assistant for Safety Matters, Chief of Naval Operations

COMBAT ZONE REPORT



Proposing a form they can upload on the website. Any suggestions?

ESAMS


ESAMS
Server Time: 1/27/2010 1:00:21 PM
ENTERPRISE SAFETY APPLICATIONS MANAGEMENT SYSTEM
USER ID:
PASSWORD:
Login
ESAMS Account Retrieval
Forgot Password Forgot User ID
When you click Login you will get a pop-up asking to use your PKI Certificate. If you do not have one, click cancel to continue.
If you are experiencing difficulties, use "ESAMS LOGIN HELP" under ESAMS Help Info. If problems persist, contact the ESAMS Help Desk at 1-865-693-0048
Please refrain from using the BACK button to navigate in ESAMS.
To maintain web security a 20 minute inactivity disconnect is enforced. Please save changes at least every 20 minutes.
ESAMS Help Info
ESAMS Login Help
CAC/PKI Authentication Help
Contact Webmaster
Help Desk
Navy Training Registration
Search/Enroll in Traffic Training Classes
ESAMS allows external viewing of and enrollment in Traffic Safety Classes (MSF-Motorcycle and AAA Driver) from the above link. Regional/host commanders provide COMNAVSAFECEN-approved traffic safety training at no cost to all military and DON civilian personnel seeking on-base driving privileges. All other civilian personnel seeking on-base driving privileges including retired members of DoD and dependents may participate in motorcycle training at no charge by the Navy on a space available basis or obtain training elsewhere at the individual's own expense.
Complete Motorcycle Census Only
Allows personnel to complete a Motorcycle Census if they have never completed one before.
Update/Review Scheduled Training and Motorcycle Census
Allows personnel that have previously enrolled in a traffic class or completed a Motorcycle Census to view their scheduled or wait listed training, update Motorcycle Census, remove themselves from class, or view completed training.

ESAMS

- ESAMS – How it is used
  - Navy Program
    - Track Motorcycle Training
    - Manage Safety Programs
  - USMC (MCB Camp Lejeune)
    - Inspections
    - Training
  - WESS Concerns
    - Updates are not forwarded
    - WESS is not monitored
    - Does not have all the data elements for WESS
      - Marine Command Structures
      - Safety Specialist Info
      - Motor Vehicle/Ordnance

WESS-ESAMS Interface

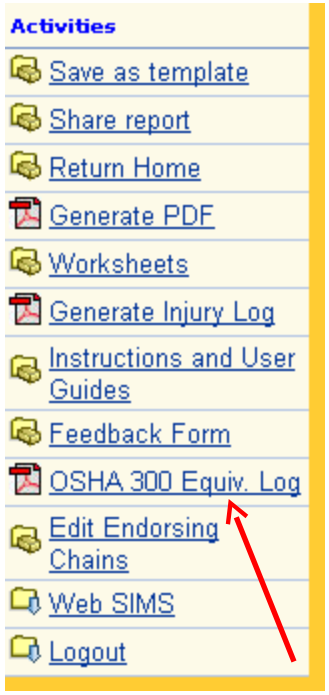
- Background: NSC and CNIC came to an agreement on a way ahead (April 2009).
- Plan:
  - ESAMS users click Mishap Report link
  - Window opens with user auto-logged into WESS
  - Mishaps entered into WESS.
  - Data transferred from WESS to ESAMS
- Benefits:
  - Reduce duplicative data entry
  - Improve data quality
  - Only have to change software once
  - SAFER data will be available in WESS
  - Military Medical reports will be available in WESS
- Plan:
  - NSC created initial service to transfer data to ESAMS (Sept 2009)
  - HGW to create and test data transfer TBD
  - HGW to provide data requirements to NSC TBD
  - NSC/HGW modify data feed as necessary TBD
  - ESAMS CCB review and approval process TBD
  - Conduct training TBD
  - Deliver interface TBD

MISHAP RECORDKEEPING

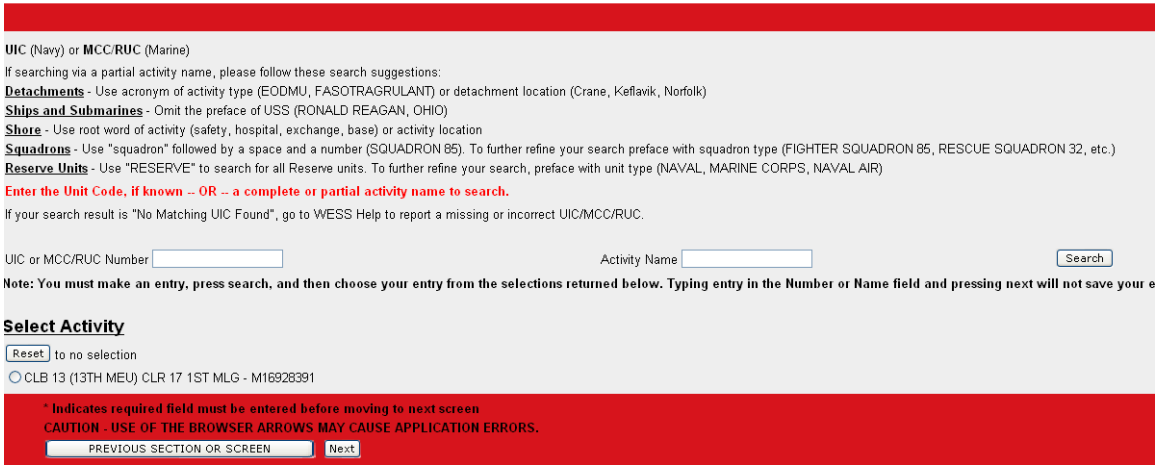
- OSHA LOGS AND SUMMARY
  - Reprogrammed in WESS
    - By Personnel or Reporting MCC/RUC
    - Contractors and Foreign Nationals included
  - OSHA Compliant
  - Use the OSHA Log in Pre-formatted Reports
  - Only record mishaps that are reportable
    - VPP Status
    - ESAMS Users – Doesn’t transfer over info on rather mishap should go on log or not.

- RECONCILIATION
  - Requirement to reconcile WESS data with local logs-Change 2 to 5102
  - Go to our website www.safetycenter.navy.mil

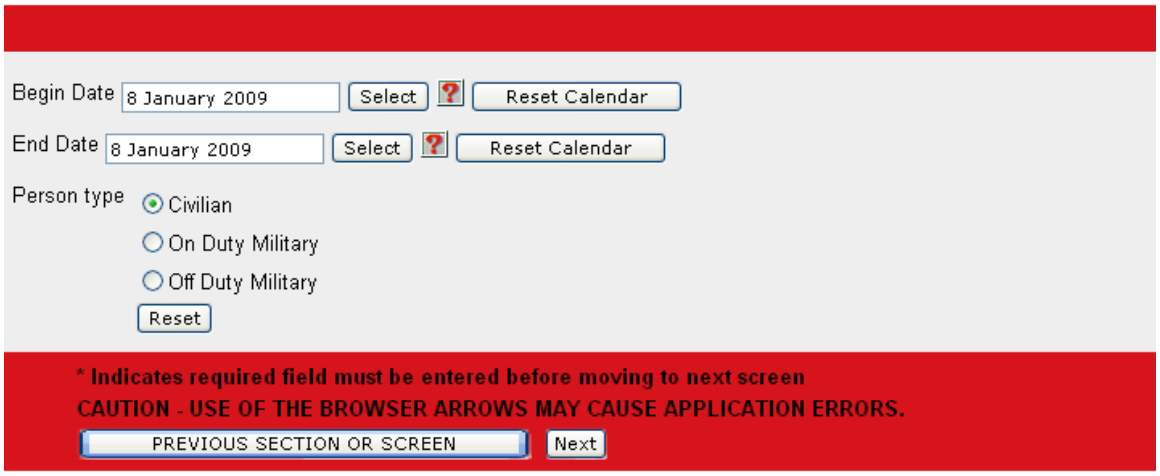
WESS INPUT LOG



JIC/MCC/RUC for the report

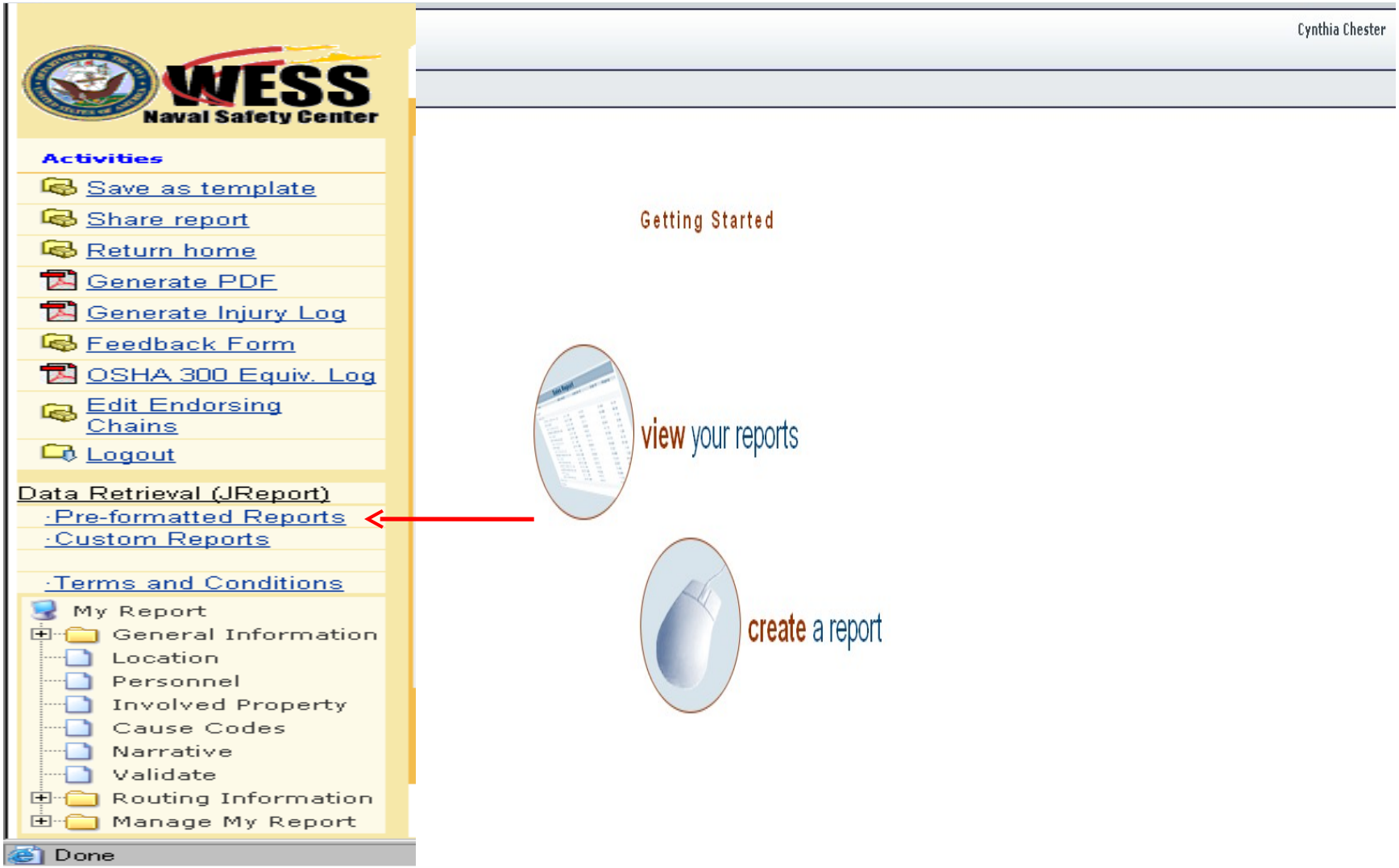

UIC (Navy) or MCC/RUC (Marine)
If searching via a partial activity name, please follow these search suggestions:
Detachments - Use acronym of activity type (EODMU, FASOTRAGRULANT) or detachment location (Crane, Keflavik, Norfolk)
Ships and Submarines - Omit the preface of USS (RONALD REAGAN, OHIO)
Shore - Use root word of activity (safety, hospital, exchange, base) or activity location
Squadrons - Use "squadron" followed by a space and a number (SQUADRON 85). To further refine your search preface with squadron type (FIGHTER SQUADRON 85, RESCUE SQUADRON 32, etc.)
Reserve Units - Use "RESERVE" to search for all Reserve units. To further refine your search, preface with unit type (NAVAL, MARINE CORPS, NAVAL AIR)
Enter the Unit Code, if known -- OR -- a complete or partial activity name to search.
If your search result is "No Matching UIC Found", go to WESS Help to report a missing or incorrect UIC/MCC/RUC.
UIC or MCC/RUC Number
Activity Name
Search
Note: You must make an entry, press search, and then choose your entry from the selections returned below. Typing entry in the Number or Name field and pressing next will not save your e
Select Activity
Reset to no selection
CLB 13 (13TH MEU) CLR 17 1ST MLG - M16928391
* Indicates required field must be entered before moving to next screen
CAUTION - USE OF THE BROWSER ARROWS MAY CAUSE APPLICATION ERRORS.
PREVIOUS SECTION OR SCREEN
Next

OSH Log Date Range



DO NOT USE THIS LOG AS YOUR OFFICIAL OSHA 300 LOG

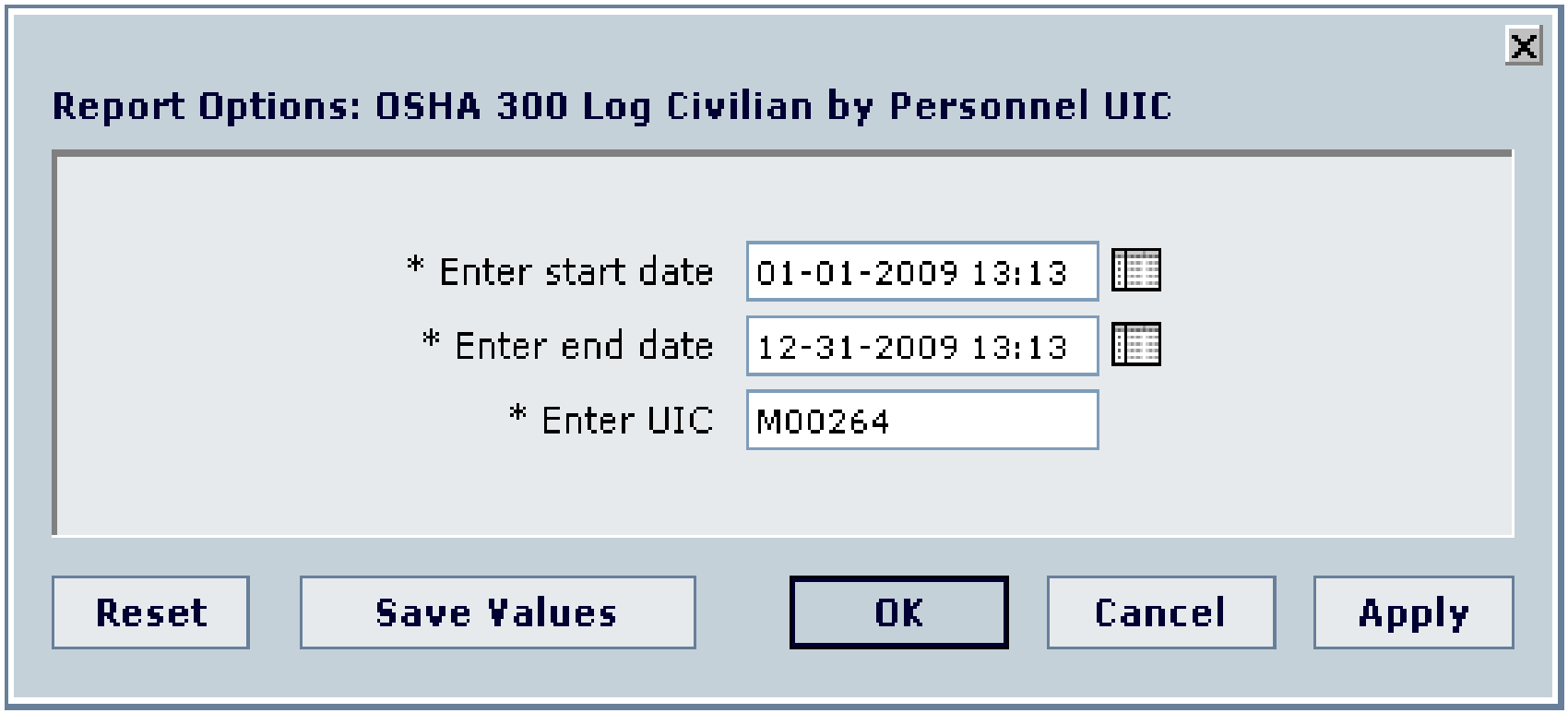
Pre-formatted Reports



OSHA 300 AND 300A

Report Name	Description	Created Date	Parent Folder
OHSA First-Aid Military	Rpt No: OSH-102 ~ On/Off Duty	05-12-2009 09:50	/Jasper_Reports/OSHA
OSHA 300 Log Civilian by Personnel UIC		08-21-2009 13:57	/Jasper_Reports/OSHA
OSHA 300 Log Civilian by Reporting UIC		08-31-2009 09:36	/Jasper_Reports/OSHA
OSHA 300 Log Military by Personnel UIC	On / Off Duty	08-24-2009 11:14	/Jasper_Reports/OSHA
OSHA 300 Log Military by Reporting UIC	On / Off Duty	08-24-2009 11:25	/Jasper_Reports/OSHA
OSHA 300 Summary for Civilians by Personnel UIC	select PDF for report type	08-31-2009 09:17	/Jasper_Reports/OSHA
OSHA 300 Summary for Civilians by Reporting UIC	select PDF for report type	08-28-2009 11:40	/Jasper_Reports/OSHA
OSHA 300 Summary for Military by Personnel UIC	select PDF for report type	09-10-2009 10:04	/Jasper_Reports/OSHA
OSHA 300 Summary for Military by Reporting UIC	select PDF for report type	09-09-2009 14:57	/Jasper_Reports/OSHA
Electrical Shock Mishap Type	Rpt No: SS-201	12-01-2009 15:14	/Jasper_Reports/Seashore
Electrical Report Mishap Type (Excel)	Rpt No: SS-202 Choose Excel as rpt type	12-16-2009 13:00	/Jasper_Reports/Seashore
All Seashore / MV Events by Date	Rpt No: SS-102	05-12-2009 09:50	/Jasper_Reports/Seashore
Military & Civilian Death & Total Disability	Rpt No: SS-012	05-12-2009 09:50	/Jasper_Reports/Seashore
New Submarine Mishaps	Rpr No: SS-301	05-12-2009 09:50	/Jasper_Reports/Seashore
Summaries by Environment and Date	Rpt No: SS-501 (choose environment ~ no MV)	05-12-2009 09:50	/Jasper_Reports/Seashore
Ten Most Recent Events All Environments	Rpt No: SS-100	05-12-2009 09:50	/Jasper_Reports/Seashore
Ten Most Recent Summaries By Envir	Rpt No: SS-101 (choose environment ~ no MV)	05-12-2009 09:50	/Jasper_Reports/Seashore
Submarine Injuries PMV-GMV	Rpt No: SS-901	05-12-2009 09:50	/Jasper_Reports/Submarine
Submarine Report By Mishap Type	Rpt No: SS-920	08-28-2009 16:29	/Jasper_Reports/Submarine
Aviation Summaries by Date	Rpt No: AV-201	05-12-2009 09:50	/Jasper_Reports/TDS

OSHA 300 LOG


Report Options: OSHA 300 Log Civilian by Personnel UIC
* Enter start date
01-01-2009 13:13
* Enter end date
12-31-2009 13:13
* Enter UIC
M00264
Reset
Save Values
OK
Cancel
Apply

NEW OSHA 300 EQUIV

Log of Work-Related Civilian ON DUTY Injuries and Illnesses (OSHA 300)
04/13/2000 to 04/13/2011

Compiled by Reporting Activity UIC N63393
NAVAL SAFETY CENTER NORFOLK VA

Run 04/13/2011
Page 1 of 1

Identify the person | Describe the case | Classify the case: | Number of days the worker was: | (M) Injury or type of illness

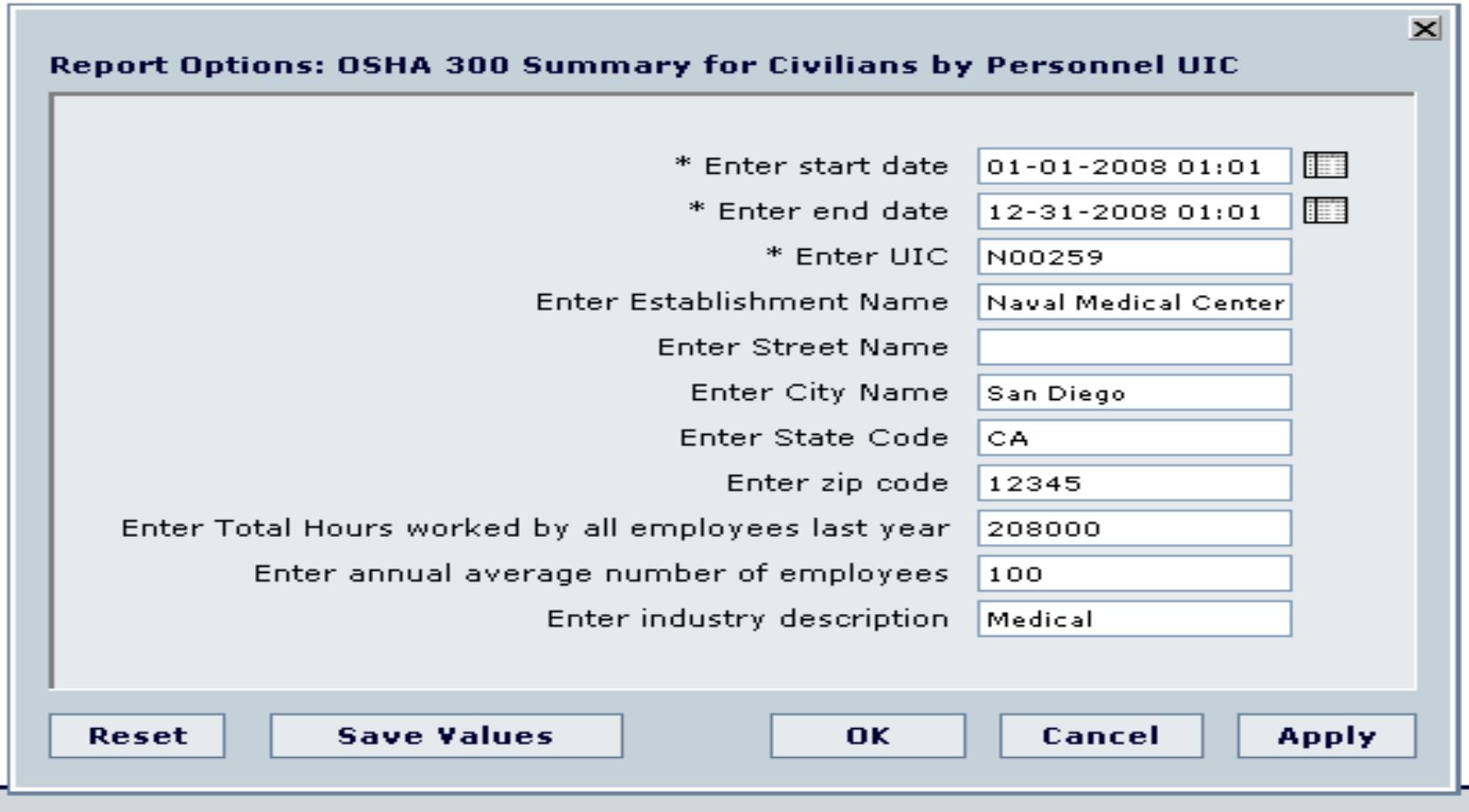
Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

(A) Case Number	(B) Employee's Name / (C) Job Title	(D) Date of Injury or Onset of Illness	(E) Where the Event Occurred	(F) Describe injury or illness, parts of body affected, and object/substances that directly injured or made person ill	(G) Death	(H) Days Away From Work	(I) Job Tmsfr or Rstrctn	(J) Other Recordable Cases	(K) Away From Work	(L) On job Tmsfr or Rstrctn	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing Loss	(6) All other Illnesses	Claim Denied
0001	Last Name, First CODING	08/09/2005	OFFICE	STRUCK BY FALLING OBJECT FURNITURE, N.E.C. CUTS, LACERATIONS UPPER FOOT	☐	☐	☐	☑	0	0	☑	☐	☐	☐	☐	☐	☐
100067017	Last Name, First CODING	02/21/2006	OFFICE BLDG SP-91, RO	OTHER EVENTS OR EXPOSURES OTHER SOURCES, N.E.C. MULTIPLE SYMPTOMS, SIGNS, AND ILL-DEFINED MULTIPLE CRANIAL REGION LOCATIONS	☐	☑	☐	☐	1	0	☐	☐	☐	☐	☐	☑	☐
50-10	Last Name, First CERAMIC ENGINEERING	12/25/2009		FALL FROM SCAFFOLD, STAGING SKIDS, PALLETS CONCUSSIONS EAR(S)	☑	☐	☐	☐	0	0	☑	☐	☐	☐	☐	☐	☐

IAW OPNAVINST 5102.1D/MCO P5102.1B, para 3008, you must record all civilian work-related injuries and illnesses that meet any of the recording criteria listed in 29 CFR 1904, Subparts C and D on this form.
No other mishaps shall be recorded on this log. You must complete an injury or illness Incident Report (OSHA Form 301), (CA-1/2/6)) or equivalent form for each injury or illness recorded on this form.
If you're not sure whether a case is recordable or not contact the Naval Safety Center.

	(G) Death	(H) Days Away From Work	(I) Job Tmsfr or Rstrctn	(J) Other Recordable Cases	(K) Away From Work	(L) On job Tmsfr or Rstrctn	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing Loss	(6) All other Illnesses
Page Totals >	1	1	0	1	1	0	2	0	0	0	0	1

OSHA ANNUAL SUMMARY



OSHA ANNUAL SUMMARY (300 A)

OSHA's Form 300A Summary
of Civilian Work-Related Injuries and Illnesses

Personnel Activity M00264

Run Date 01/27/2010

01/01/2009 to 12/31/2009

Number of Cases

Total Number of Deaths	Total Number of Cases With Days Away From Work	Total Number of Cases with Job Transfers or	Total Number of Other Recordable Cases
0	18	22	0

Number of Days

	Total Number of Days	Total Number of Days with Job Transfers or Restrictions
	218	168

Injury and Illness Types

Total Number of Injuries	22
Total Number of Skin Disorders	0
Total Number of Respiratory	0
Total Number of Poisonings	0
Total Number of Hearing Loss	0
Total Number of all Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year coverd by the form.

Establishment Information

Establishment Name Naval Medical Center

Street

City San Diego

State CA ZIP 12345

Industry Description Medical

Employment Information

Annual Average Number of Employees 100

Total Hours worked by all employees last year 208,000

Sign Here

Knowingly falsifying this docuument may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate and complete.

Company Executive Title

( ) / /

Phone Date

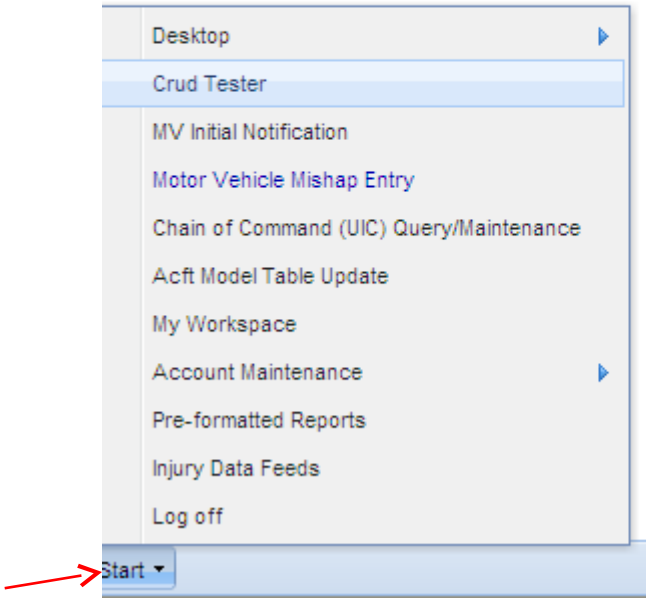
New WESS Releases

- Aviation – 2010
- Motor Vehicle – 2011
- Afloat - 2011
- Tactical Vehicles – 2012
- Consolidated/Ground – 2012
- Ordnance - 2012

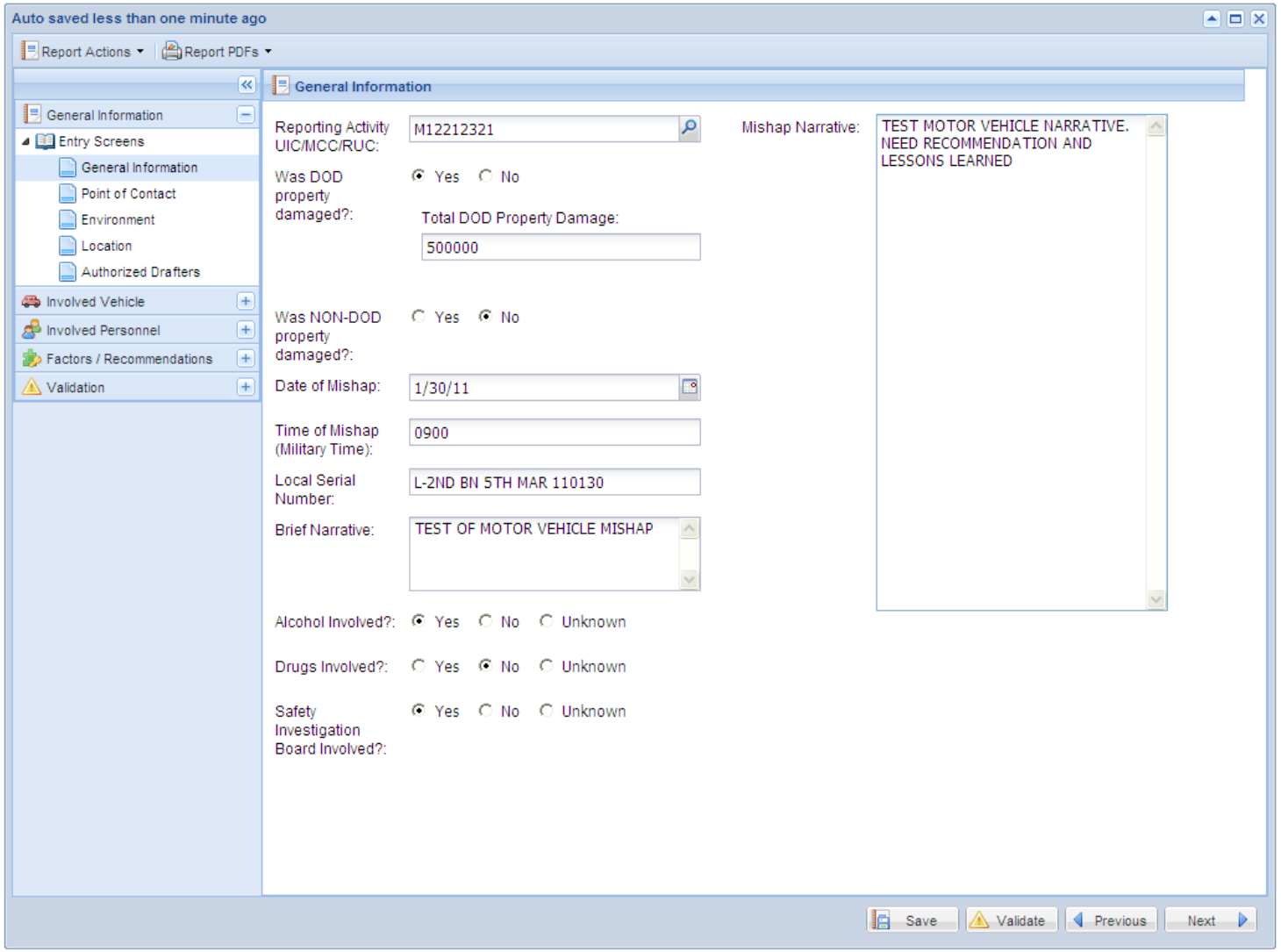
WESS CONSOLIDATED REDESIGN

- WILL PROBABLY BE PATTERNED AFTER AVIATION AND MOTOR VEHICLE
- INJURY MODULE DESIGNED IN AVIATION
- WE HAVE TO DETERMINE WHAT YOU WANT
- WHAT FUNCTIONALITY/REPORTS ETC.

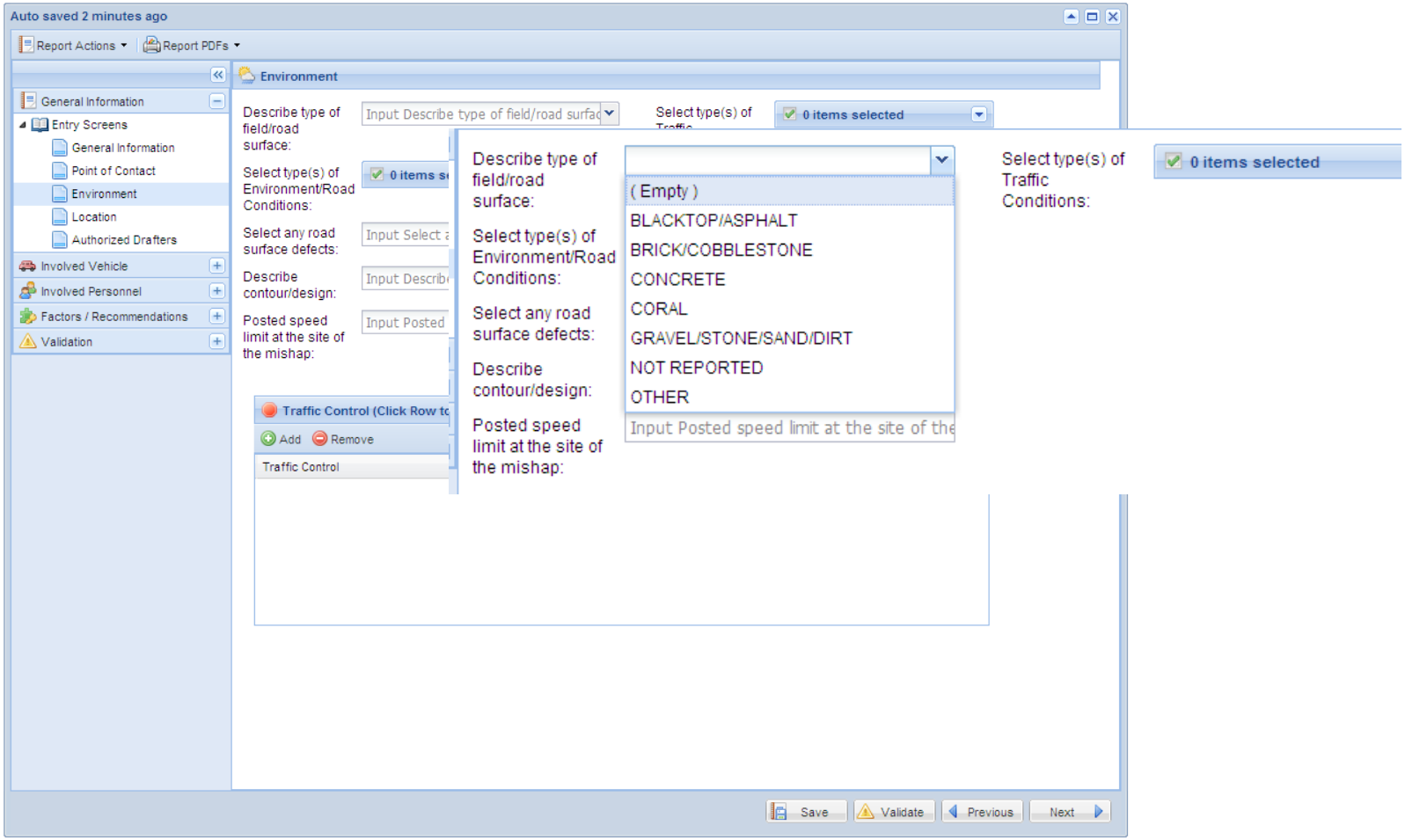
New WESS Design
Motor Vehicle Module



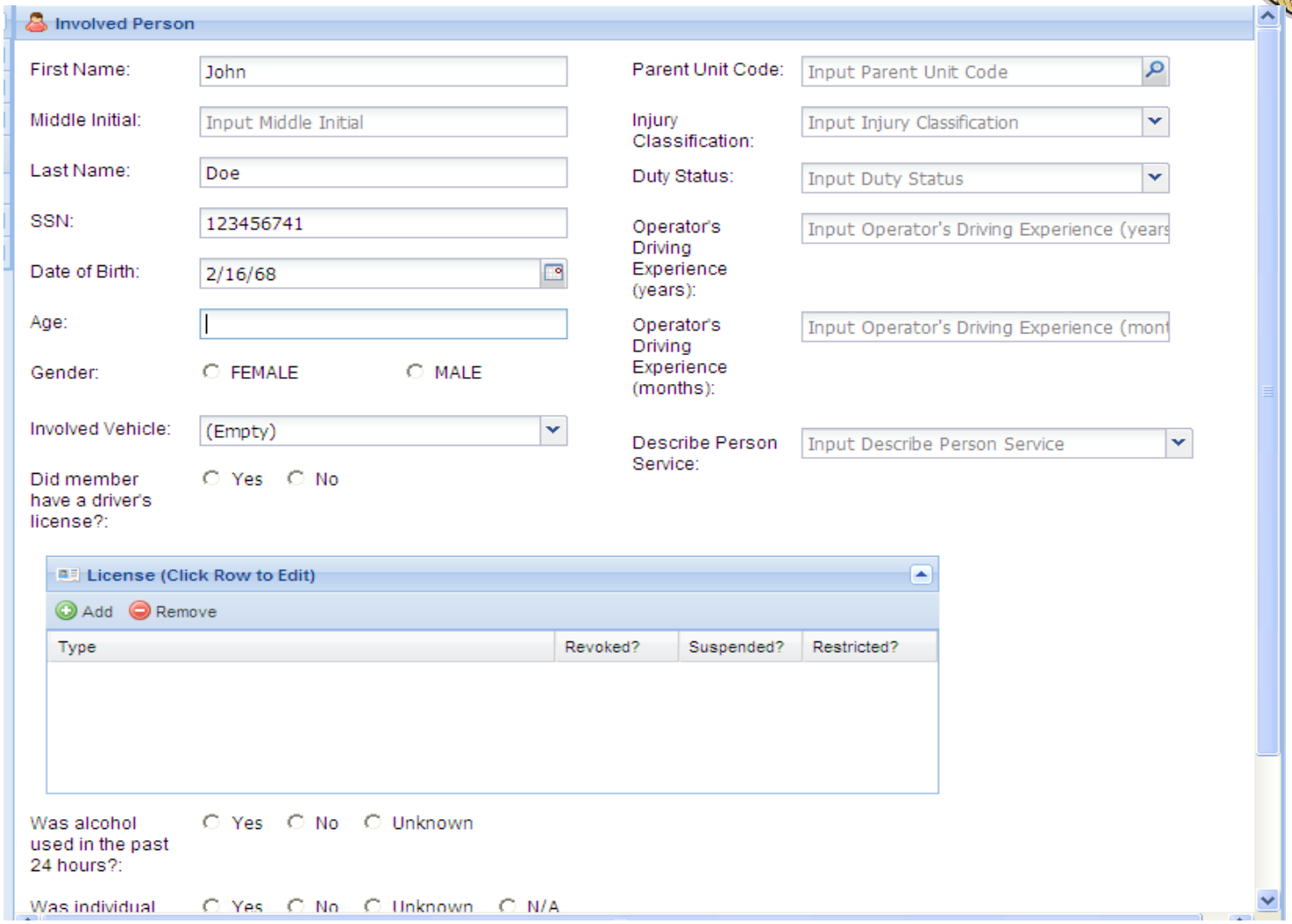
General Information



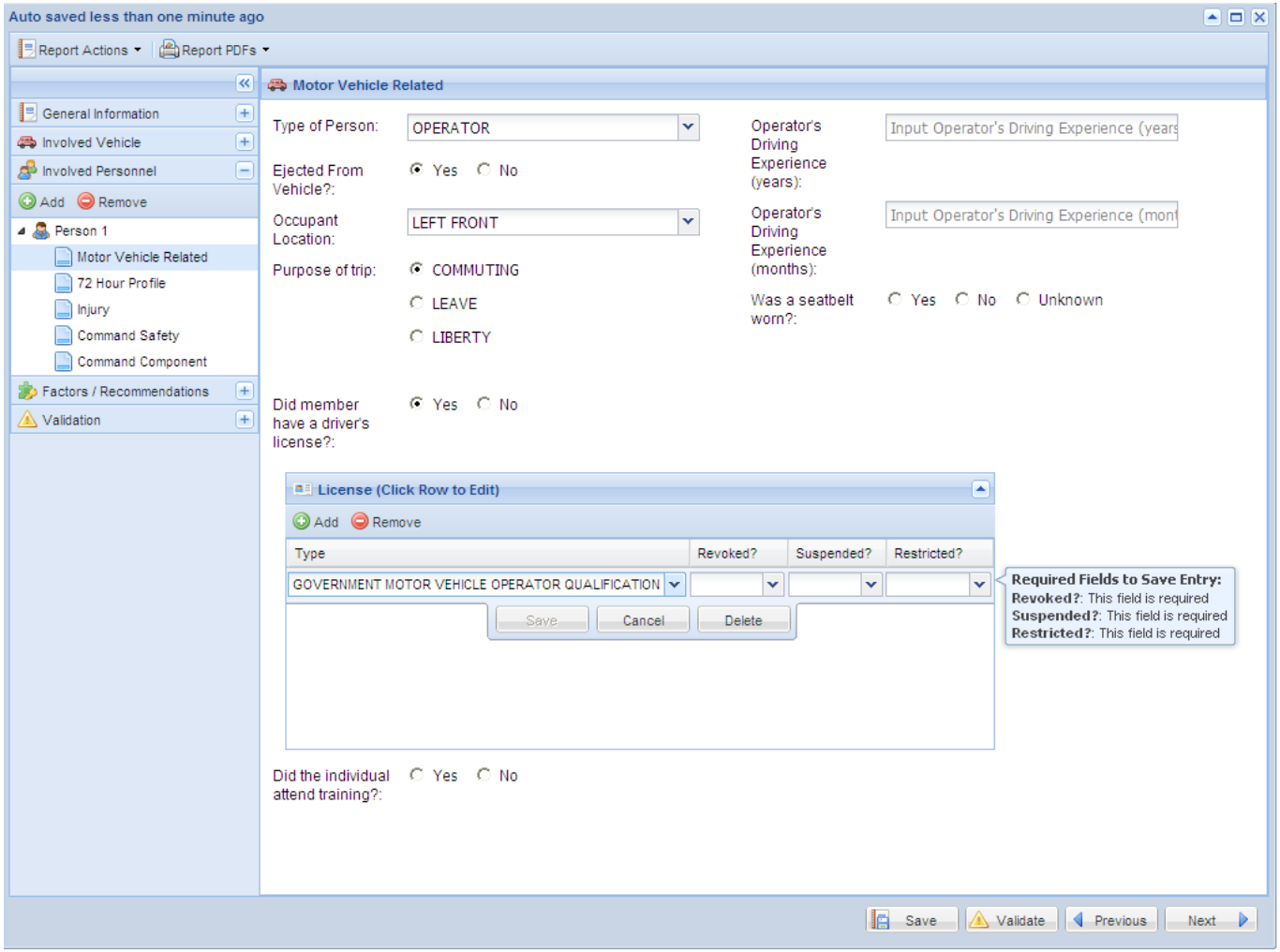
Environment



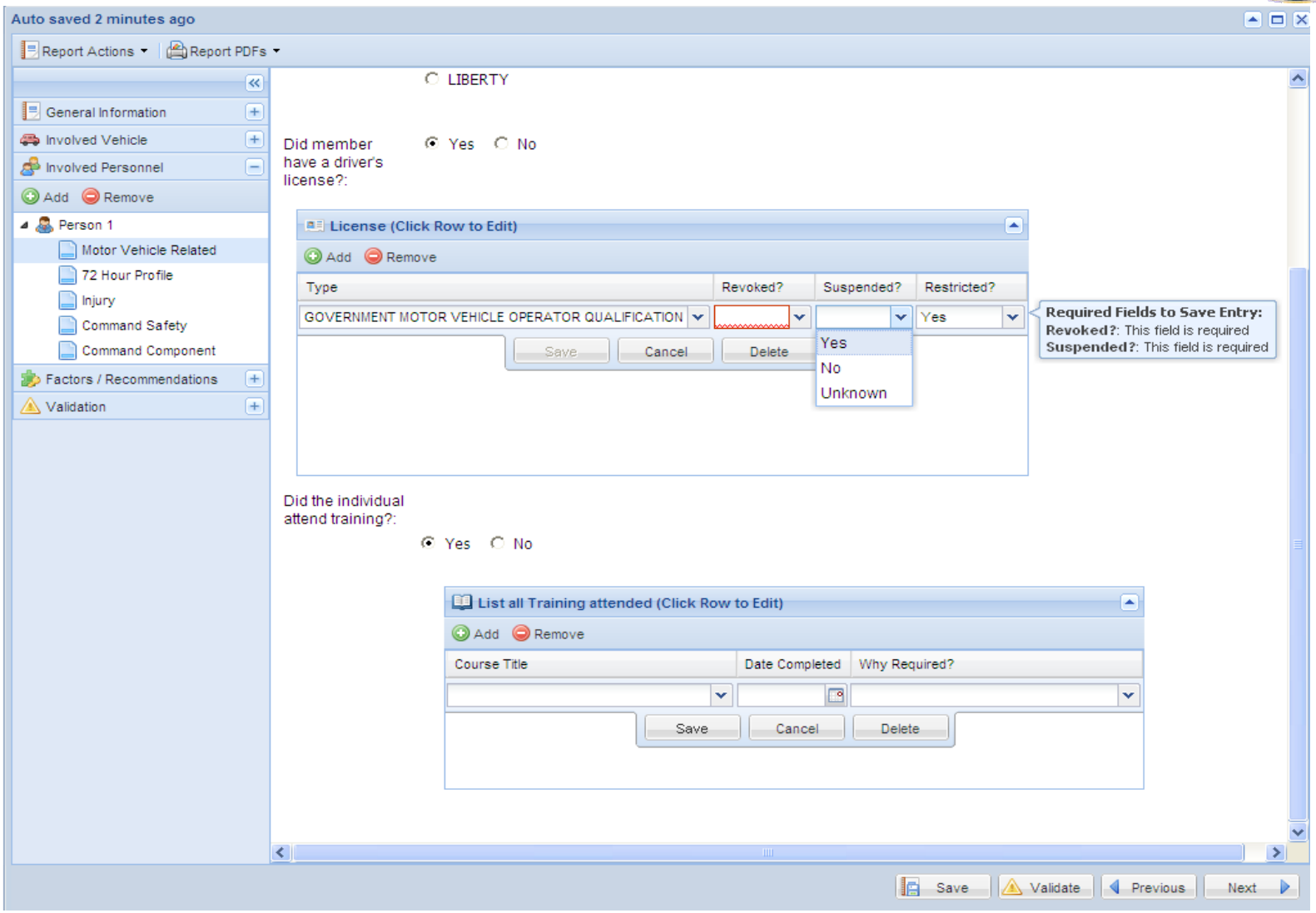
Involved Person



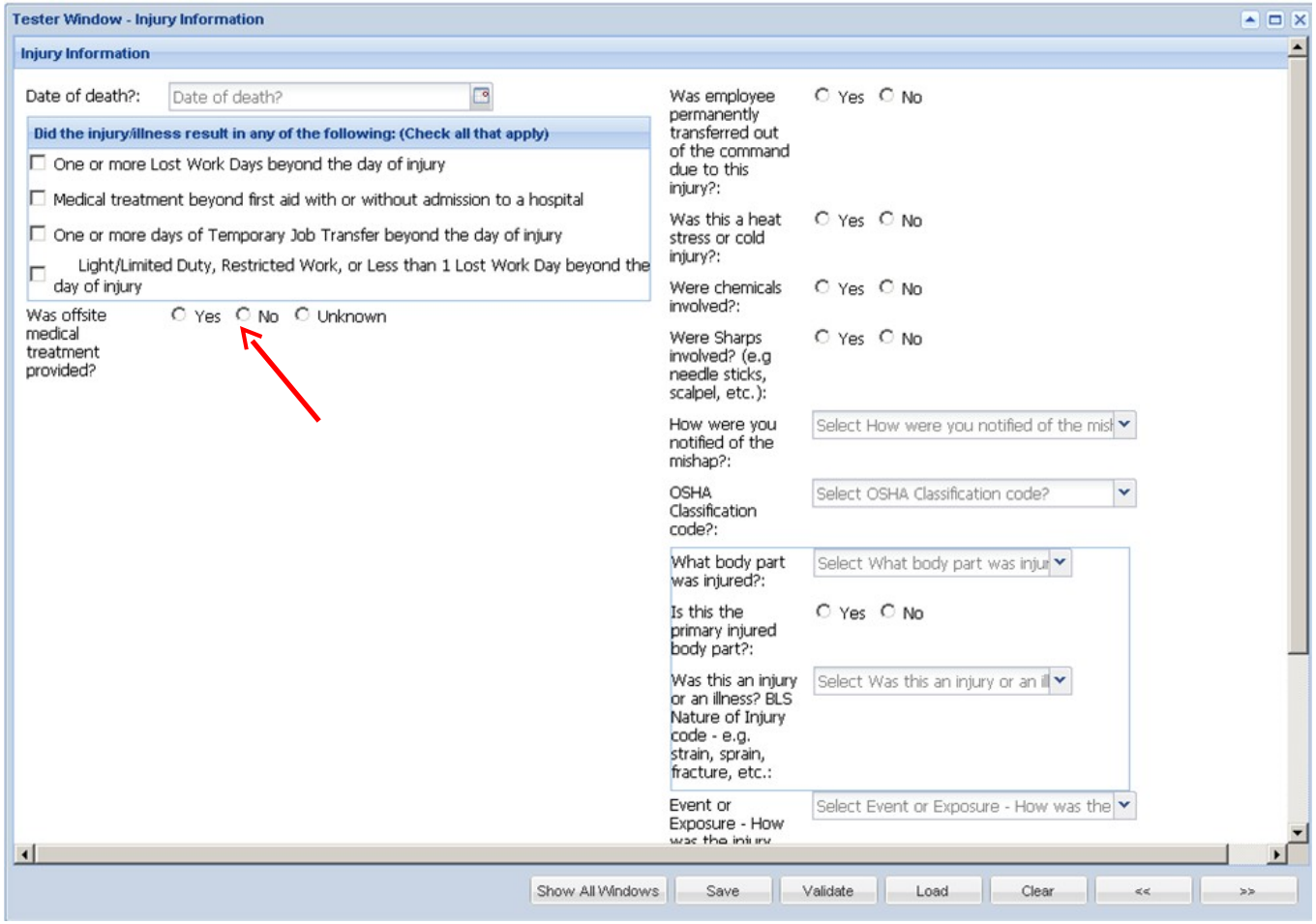
Motor Vehicle Specific



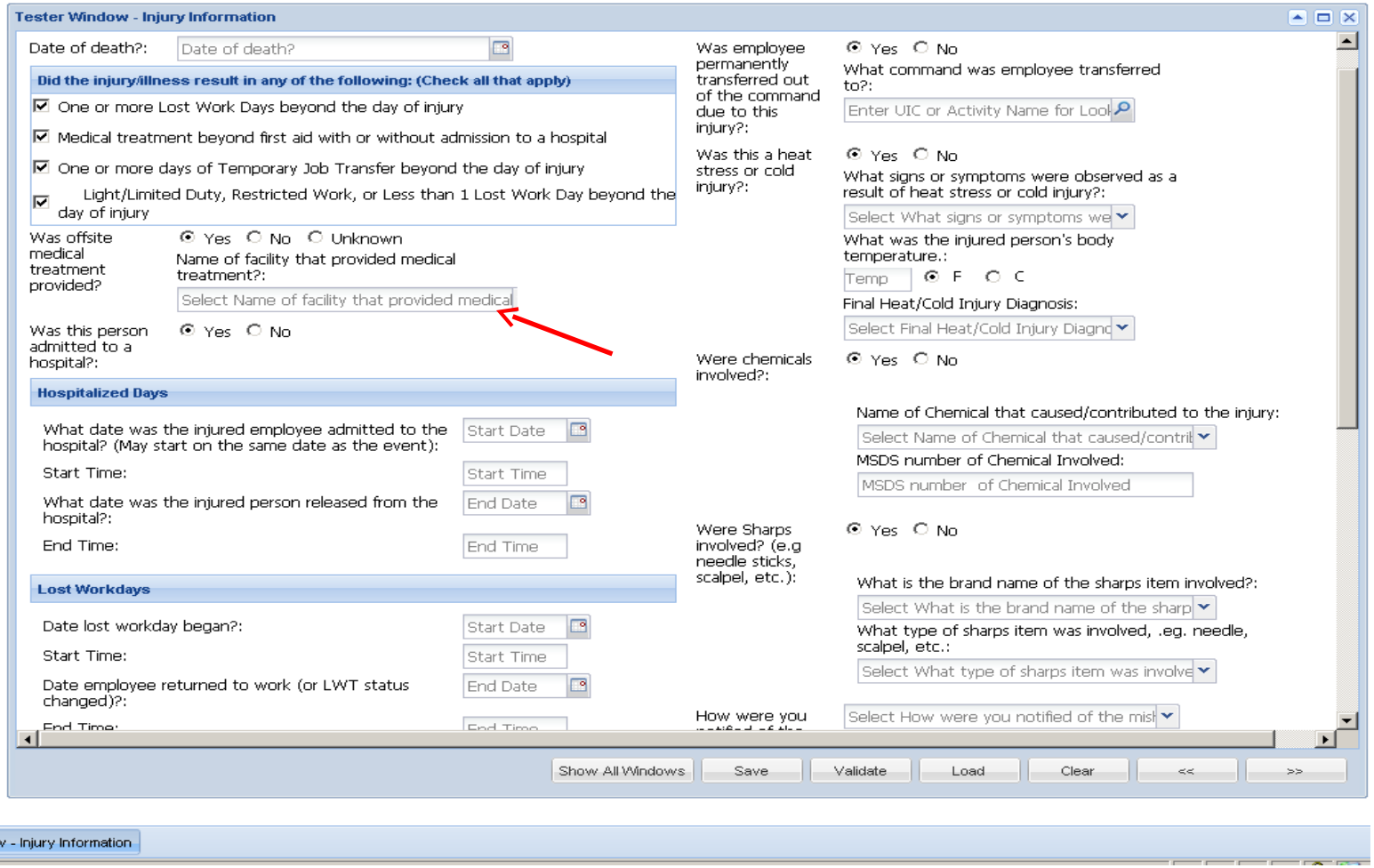
LICENSING/TRAINING



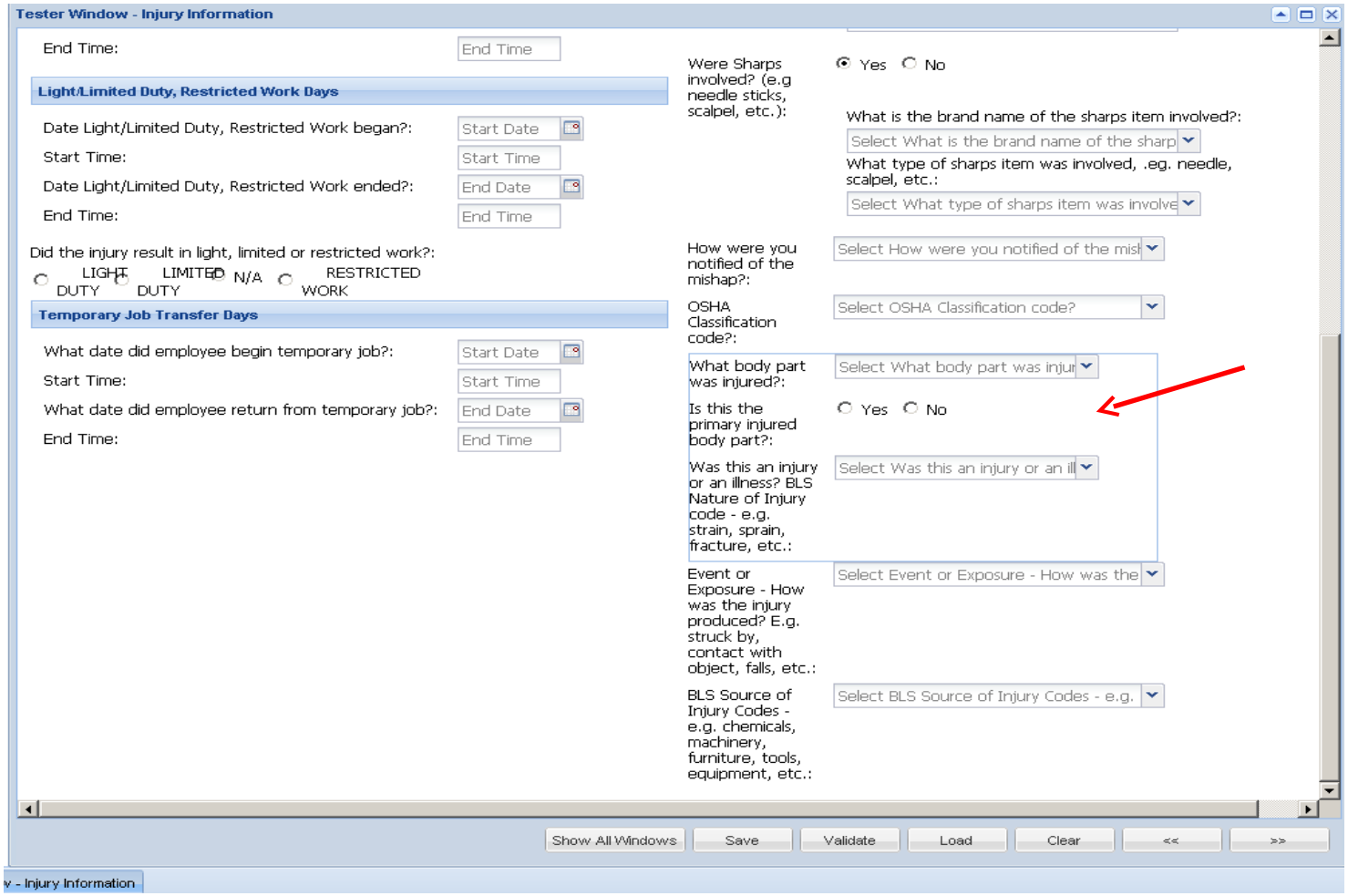
INJURY MODULE


Tester Window - Injury Information
Injury Information
Date of death?:
Date of death?
Did the injury/illness result in any of the following: (Check all that apply)
One or more Lost Work Days beyond the day of injury
Medical treatment beyond first aid with or without admission to a hospital
One or more days of Temporary Job Transfer beyond the day of injury
Light/Limited Duty, Restricted Work, or Less than 1 Lost Work Day beyond the day of injury
Was offsite medical treatment provided?
Yes
No
Unknown
Was employee permanently transferred out of the command due to this injury?:
Was this a heat stress or cold injury?:
Were chemicals involved?:
Were Sharps involved? (e.g needle sticks, scalpel, etc.):
How were you notified of the mishap?:
Select How were you notified of the mis
OSHA Classification code?:
Select OSHA Classification code?
What body part was injured?:
Select What body part was injur
Is this the primary injured body part?:
Was this an injury or an illness? BLS Nature of Injury code - e.g. strain, sprain, fracture, etc.:
Select Was this an injury or an il
Event or Exposure - How was the injury
Select Event or Exposure - How was the
Show All Windows
Save
Validate
Load
Clear
<<
>>

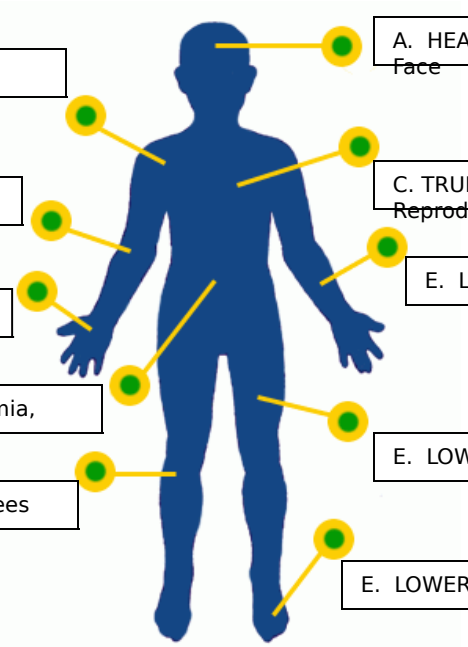
INJURY INFORMATION


Tester Window - Injury Information
Date of death?:
Date of death?
Did the injury/illness result in any of the following: (Check all that apply)
One or more Lost Work Days beyond the day of injury
Medical treatment beyond first aid with or without admission to a hospital
One or more days of Temporary Job Transfer beyond the day of injury
Light/Limited Duty, Restricted Work, or Less than 1 Lost Work Day beyond the day of injury
Was offsite medical treatment provided?
Yes No Unknown
Name of facility that provided medical treatment?:
Select Name of facility that provided medical
Was this person admitted to a hospital?:
Yes No
Hospitalized Days
What date was the injured employee admitted to the hospital? (May start on the same date as the event):
Start Date
Start Time:
Start Time
What date was the injured person released from the hospital?:
End Date
End Time:
End Time
Lost Workdays
Date lost workday began?:
Start Date
Start Time:
Start Time
Date employee returned to work (or LWT status changed)?:
End Date
Was employee permanently transferred out of the command due to this injury?:
Yes No
What command was employee transferred to?:
Enter UIC or Activity Name for Lool
Was this a heat stress or cold injury?:
Yes No
What signs or symptoms were observed as a result of heat stress or cold injury?:
Select What signs or symptoms we
What was the injured person's body temperature.:
Temp
F C
Final Heat/Cold Injury Diagnosis:
Select Final Heat/Cold Injury Diagnc
Were chemicals involved?:
Yes No
Name of Chemical that caused/contributed to the injury:
Select Name of Chemical that caused/contrib
MSDS number of Chemical Involved:
MSDS number of Chemical Involved
Were Sharps involved? (e.g needle sticks, scalpel, etc.):
Yes No
What is the brand name of the sharps item involved?:
Select What is the brand name of the sharp
What type of sharps item was involved, .eg. needle, scalpel, etc.:
Select What type of sharps item was involve
How were you
Select How were you notified of the mish
Show All Windows
Save
Validate
Load
Clear
<<
>>
Start
Tester Window - Injury Information

Injury Module


Tester Window - Injury Information
End Time:
End Time
Light/Limited Duty, Restricted Work Days
Date Light/Limited Duty, Restricted Work began?:
Start Date
Start Time:
Start Time
Date Light/Limited Duty, Restricted Work ended?:
End Date
End Time:
End Time
Did the injury result in light, limited or restricted work?:
LIGHT DUTY
LIMITED DUTY
N/A
RESTRICTED WORK
Temporary Job Transfer Days
What date did employee begin temporary job?:
Start Date
Start Time:
Start Time
What date did employee return from temporary job?:
End Date
End Time:
End Time
Were Sharps involved? (e.g needle sticks, scalpel, etc.):
Yes
No
What is the brand name of the sharps item involved?:
Select What is the brand name of the sharp
What type of sharps item was involved, .eg. needle, scalpel, etc.:
Select What type of sharps item was involve
How were you notified of the mishap?:
Select How were you notified of the mish
OSHA Classification code?:
Select OSHA Classification code?
What body part was injured?:
Select What body part was injur
Is this the primary injured body part?:
Yes
No
Was this an injury or an illness? BLS Nature of Injury code - e.g. strain, sprain, fracture, etc.:
Select Was this an injury or an ill
Event or Exposure - How was the injury produced? E.g. struck by, contact with object, falls, etc.:
Select Event or Exposure - How was the
BLS Source of Injury Codes - e.g. chemicals, machinery, furniture, tools, equipment, etc.:
Select BLS Source of Injury Codes - e.g.
Show All Windows
Save
Validate
Load
Clear
<<
>>
v - Injury Information

Body Parts (BLS Codes)



A. HEAD – Cranial, Ears, or Face

B. NECK – (Includes Throat)

C. TRUNK – Chest, Shoulders, Back, Abdomen, Pelvic or Internal Reproductive Parts

D. UPPER EXTREMITIES – Arms, Elbow

E. LOWER - Legs, Thigh

D. UPPER – Hands, Fingers

F. BODY SYSTEMS Hypothermia, Asthma

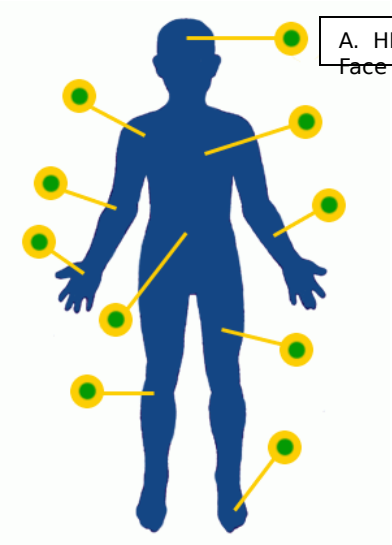
E. LOWER - Legs, Thigh

E. LOWER - Knees

E. LOWER – Ankle(s), Foot, Toe(s)

Proposed Change – New WESS Module

Body Part Figure



A. HEAD – Cranial, Ears, or Face

HEAD – Cranial
00. Cranial region, including skull
010 Cranial region, unspecified
011 Brain
012 Scalp
013 Skull
018 Multiple cranial region locations
019 Cranial region, n.e.c.

HEAD – EAR

HEAD – FACE
030 Face, unspecified
031 Forehead (*Includes:* eyebrow(s))
032 Eye(s)
033* Nose, nasal cavity
034 Cheek(s)
035 Jaw/chin
036* Mouth

What body part was injured?:	Select What body part was injur
Is this the primary injured body part?:	○ Yes ○ No
Was this an injury or an illness? BLS Nature of Injury code - e.g. strain, sprain, fracture, etc.:	Select Was this an injury or an il

BLS CODES

Nature of injury or illness

- Traumatic injuries and disorders
  - burns
  - fracture
  - sprain
  - Amputation
  - Scratches
- Systemic diseases or disorders
  - carpal tunnel syndrome,
  - welder's flash,
  - inguinal hernia,
  - tendonitis, and
  - allergic dermatitis
- Infectious and parasitic diseases
  - Viral diseases such as chickenpox
- Neoplasms, tumors, and cancer
  - Long-term latent illnesses
- Symptoms, signs, and ill-defined conditions
  - No specific diagnosis is identified and none can be inferred from information on the source document.
  - Loss of consciousness
- Other diseases, conditions, or disorders (such as job-related stress)
  - Mental disorders or syndromes, such as neurotic reaction to stress
- Multiple diseases, conditions, or disorders
  - two or more of the five other divisions within which diseases and disorders are classified.
  - the disabling conditions cited in the source document are of unknown or equal severity.

Proposed Change – New WESS Module. List Option, Hover over affects

BLS CODES

Source of injury or illness

Chemicals and chemical products

- Containers
- Furniture and fixtures
- Machinery
- Parts and materials
- Persons, plants, animals, and minerals
- Structures and surfaces
  - Tools, instruments, and equipment
  - Vehicles
  - Other sources (such as “chips and particles”)

Event or exposure

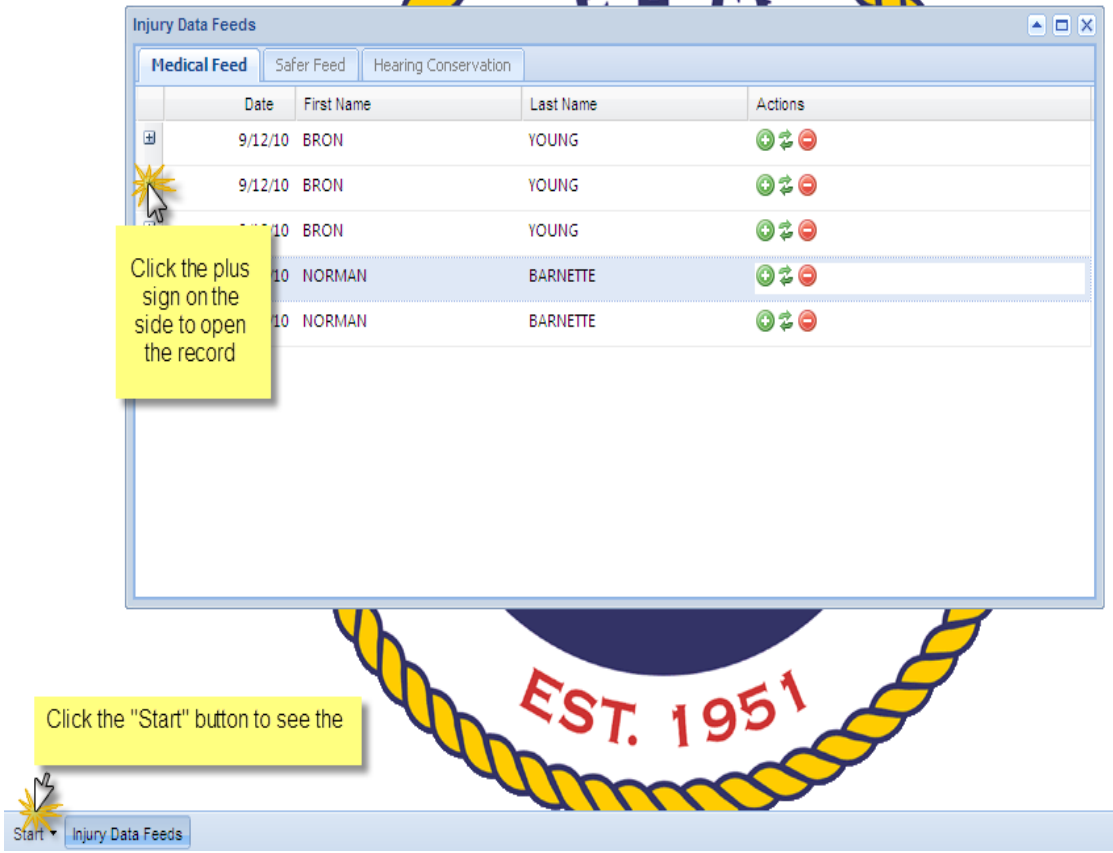
- Contact with objects or equipment
- Falls
- Bodily reaction and exertion
- Exposure to harmful substances or environments
- Transportation accidents
- Fires and explosions
- Assaults and violent acts

Proposed Change – New WESS Module. Include Pictures of Tactical Vehicles, Containers, Equipment, etc.

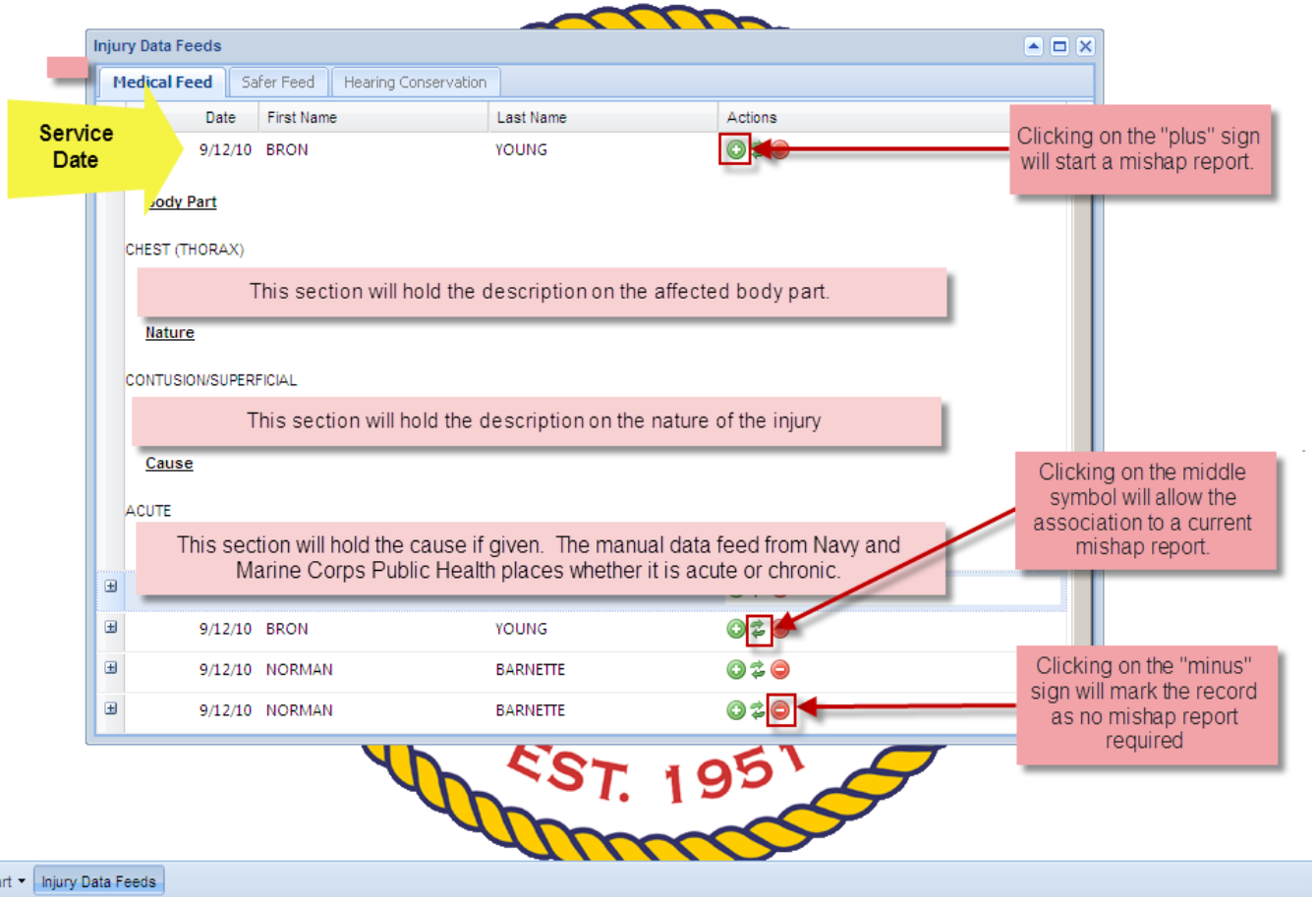
WESS Interfaces (FY10)

- **Data From:**
  - SAFER (2010)
    - Civilian CA Forms
    - Workmen's Comp
  - Military Health System (TBD)
    - Patient Encounters
    - DOEHRS-HC (Hearing Conservation)
- **Data passed to**
  - ESAMS (TBD)
  - DSES (2010)
- Other Interfaces as resources become available

WESS Data Feeds



WESS Data Feed


Injury Data Feeds
Medical Feed
Safer Feed
Hearing Conservation
Service Date
Date
First Name
Last Name
Actions
9/12/10 BRON YOUNG
Clicking on the "plus" sign will start a mishap report.
Body Part
CHEST (THORAX)
This section will hold the description on the affected body part.
Nature
CONTUSION/SUPERFICIAL
This section will hold the description on the nature of the injury
Cause
ACUTE
This section will hold the cause if given. The manual data feed from Navy and Marine Corps Public Health places whether it is acute or chronic.
Clicking on the middle symbol will allow the association to a current mishap report.
9/12/10 BRON YOUNG
9/12/10 NORMAN BARNETTE
9/12/10 NORMAN BARNETTE
Clicking on the "minus" sign will mark the record as no mishap report required
EST. 1951
Start
Injury Data Feeds

Input from MARFORS

- Review Current WESS
  - Suggestions/Improvements
- Data Elements
  - Any additional data elements required
- Reports
  - What kind of reports do you want to see
    - Functionality
  - Endorsement Process
  - Query Tools
    - Design Features

Current WESS

Suggestions/Improvements

Data Elements

Additional Data Elements

- Martial Arts

Reports

What kind of reports do you want to see

Functionality

- Endorsement Process

- Query Tools

Design Features

POINT OF CONTACT

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- WESS HELP DESK EXT 7048

QUESTIONS?